

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): <b>Anderson, Steve A.</b>		Name of Joint Debtor (Spouse)(Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>NONE</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>xxx-xx-4559</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>535 N. Michigan Ave. Unit 3103 Chicago IL</b>		Street Address of Joint Debtor (No. & Street, City, and State):
		ZIPCODE <b>60611</b>
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>SAME</b>		Mailing Address of Joint Debtor (if different from street address):
		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): <b>NOT APPLICABLE</b>		ZIPCODE
<b>Type of Debtor</b> (Form of organization)  (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i>  <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below)	<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (5B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
		<b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors:</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b>		THIS SPACE IS FOR COURT USE ONLY
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.  <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		
<b>Estimated Number of Creditors</b>		
<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
<b>Estimated Assets</b>		
<input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b>		
<input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Steve A. Anderson</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition	<b>X</b> <u>/s/ MICHAEL R. RICHMOND</u>	<b>10/27/2009</b> Signature of Attorney for Debtor(s)      Date
<b>Exhibit C</b>		
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)		
<input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.		
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.		
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
(Name of landlord that obtained judgment)		
(Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and		
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.		
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Steve A. Anderson</b>
<b>Signatures</b>		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>		
<p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>		
<p><b>X /s/ Steve A. Anderson</b></p> <p>Signature of Debtor</p> <p><b>X</b></p> <p>Signature of Joint Debtor</p> <p>Telephone Number (if not represented by attorney)</p> <p><b>10/27/2009</b></p> <p>Date</p>		
<b>Signature of Attorney*</b>		
<p><b>X /s/ MICHAEL R. RICHMOND</b></p> <p>Signature of Attorney for Debtor(s)</p> <p><b>MICHAEL R. RICHMOND 3124632</b></p> <p>Printed Name of Attorney for Debtor(s)</p> <p><b>HELLER &amp; RICHMOND, LTD.</b></p> <p>Firm Name</p> <p><b>33 NORTH DEARBORN STREET</b></p> <p>Address</p> <p><b>SUITE 1600</b></p> <p><b>CHICAGO IL 60602</b></p> <p><b>(312) 781-6700</b></p> <p>Telephone Number</p> <p><b>10/27/2009</b></p> <p>Date</p>		
<p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		
<b>Signature of Debtor (Corporation/Partnership)</b>		
<p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b></p> <p>Signature of Authorized Individual</p>		
<p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p><b>10/27/2009</b></p> <p>Date</p>		
<b>Signature of a Foreign Representative</b>		
<p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b></p> <p>(Signature of Foreign Representative)</p> <p>(Printed name of Foreign Representative)</p> <p><b>10/27/2009</b></p> <p>(Date)</p>		
<b>Signature of Non-Attorney Bankruptcy Petition Preparer</b>		
<p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p><b>X</b></p> <p>Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p>		

In re Steve A. Anderson

Debtor(s)

Case Number: \_\_\_\_\_  
(If known)According to the information required to be entered on this statement  
(check one box as directed in Part I, III, or VI of this statement):

- The presumption arises.  
 The presumption does not arise.  
 The presumption is temporarily inapplicable.

(Check the box as directed in Parts I, III, and VI of this statement.)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

### Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII.</p> <p><b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and       <ul style="list-style-type: none"> <li><input type="checkbox"/> I remain on active duty /or/</li> <li><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</li> </ul>       OR     </p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/       <ul style="list-style-type: none"> <li><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</li> </ul> </p>

## Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."</p> <p><b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>												
2	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six month total by six, and enter the result on the appropriate line.</p>	<b>Column A</b> <b>Debtor's Income</b>	<b>Column B</b> <b>Spouse's Income</b>									
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$400.00	\$									
4	<p><b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.</p> <p><b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a.</td> <td style="width: 60%;">Gross receipts</td> <td style="width: 25%; text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$0.00	b.	Ordinary and necessary business expenses	\$0.00	c.	Business income	Subtract Line b from Line a	\$0.00	\$
a.	Gross receipts	\$0.00										
b.	Ordinary and necessary business expenses	\$0.00										
c.	Business income	Subtract Line b from Line a										
5	<p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero.</p> <p><b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a.</td> <td style="width: 60%;">Gross receipts</td> <td style="width: 25%; text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$0.00	b.	Ordinary and necessary operating expenses	\$0.00	c.	Rent and other real property income	Subtract Line b from Line a	\$0.00	\$
a.	Gross receipts	\$0.00										
b.	Ordinary and necessary operating expenses	\$0.00										
c.	Rent and other real property income	Subtract Line b from Line a										
6	<b>Interest, dividends, and royalties.</b>	\$0.00	\$									
7	<b>Pension and retirement income.</b>	\$0.00	\$									
8	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b></p> <p>Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is incomplete.</p>	\$0.00	\$									
9	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%; text-align: right;">Debtor \$1,532.00</td> <td style="width: 30%; text-align: right;">Spouse \$_____</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$1,532.00	Spouse \$_____	\$0.00	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$1,532.00	Spouse \$_____										
10	<p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page.</p> <p><b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b></p> <p>Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a.</td> <td style="width: 30%; text-align: right;">0</td> </tr> <tr> <td>b.</td> <td style="text-align: right;">0</td> </tr> </table> <p>Total and enter on Line 10</p>	a.	0	b.	0	\$0.00	\$					
a.	0											
b.	0											
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$400.00	\$									
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$400.00										

### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$4,800.00
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>ILLINOIS</u> b. Enter debtor's household size: <u>1</u>	\$46,105.00
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).**

### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	<b>Enter the amount from Line 12.</b>	\$									
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. <table border="1" style="margin-left: 20px; width: fit-content;"> <tr> <td>a.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> Total and enter on Line 17	a.		\$	b.		\$	c.		\$	\$
a.		\$									
b.		\$									
c.		\$									
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$									

### Part V. CALCULATION OF DEDUCTIONS FROM INCOME

#### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	<b>National Standards: food, clothing, and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$																
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14.b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. <table border="1" style="margin-left: 20px; width: fit-content;"> <tr> <th colspan="2">Household members under 65 years of age</th> <th colspan="2">Household members 65 years of age or older</th> </tr> <tr> <td>a1.</td> <td>Allowance per member</td> <td>a2.</td> <td>Allowance per member</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>b2.</td> <td>Number of members</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </table>	Household members under 65 years of age		Household members 65 years of age or older		a1.	Allowance per member	a2.	Allowance per member	b1.	Number of members	b2.	Number of members	c1.	Subtotal	c2.	Subtotal	\$
Household members under 65 years of age		Household members 65 years of age or older																
a1.	Allowance per member	a2.	Allowance per member															
b1.	Number of members	b2.	Number of members															
c1.	Subtotal	c2.	Subtotal															
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$																

20B	<p><b>Local Standards: housing and utilities; mortgage/rent expenses.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%;"> <tr> <td>a. IRS Housing and Utilities Standards; mortgage/rental expense</td> <td>\$</td> </tr> <tr> <td>b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c. Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$
a. IRS Housing and Utilities Standards; mortgage/rental expense	\$							
b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$							
c. Net mortgage/rental expense	Subtract Line b from Line a.							
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	\$						
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$						
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$						
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%;"> <tr> <td>a. IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c. Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a. IRS Transportation Standards, Ownership Costs	\$	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a. IRS Transportation Standards, Ownership Costs	\$							
b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$							
c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.							
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%;"> <tr> <td>a. IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c. Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a. IRS Transportation Standards, Ownership Costs	\$	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a. IRS Transportation Standards, Ownership Costs	\$							
b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$							
c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.							

25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social-security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>	
26	<b>Other Necessary Expenses: mandatory payroll deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>	\$
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 44.</b>	\$
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service -- such as pagers, call waiting, caller id, special long distance, or internet service -- to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32	\$

**Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 19-32**

34	<b>Health Insurance, Disability Insurance and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.									
	<table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$
a.	Health Insurance	\$								
b.	Disability Insurance	\$								
c.	Health Savings Account	\$								
	Total and enter on Line 34  <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below: \$ _____	\$								
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$								
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$								
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$								

38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$

### Subpart C: Deductions for Debt Payment

42	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th>Name of Creditor</th><th>Property Securing the Debt</th><th>Average Monthly Payment</th><th>Does payment include taxes or insurance?</th></tr> </thead> <tbody> <tr> <td>a.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>b.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>c.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>d.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>e.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td colspan="4" style="text-align: right;">Total: Add Lines a - e</td><td style="text-align: right;">\$</td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	d.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	e.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	Total: Add Lines a - e				\$	
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																																	
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
d.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
e.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
Total: Add Lines a - e				\$																																	
43	<p><b>Other payments on secured claims.</b> If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>e.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add Lines a - e</td><td style="text-align: right;">\$</td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$	d.			\$	e.			\$	Total: Add Lines a - e			\$								
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																																		
a.			\$																																		
b.			\$																																		
c.			\$																																		
d.			\$																																		
e.			\$																																		
Total: Add Lines a - e			\$																																		
44	<p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b></p>	\$																																			

	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.		
45	a.	Projected average monthly Chapter 13 plan payment.	\$
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x
	C.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b

46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$
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#### Subpart D: Total Deductions from Income

47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$
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#### Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result	\$
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$

52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed.	
	<input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b>	Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.
	<input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b>	Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.
<input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b>	Complete the remainder of Part VI (Lines 53 through 55).	
53	<b>Enter the amount of your total non-priority unsecured debt</b>	\$
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$

55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.	
	<input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b>	Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.
	<input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b>	Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

#### PART VII. ADDITIONAL EXPENSE CLAIMS

56	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.		
		Expense Description	Monthly Amount
	a.		\$
	b.		\$
	c.		\$
	Total: Add Lines a, b, and c	\$	

**Part VIII: VERIFICATION**

I declare under penalty of perjury that the information provided in this statement is true and correct. (*If this a joint case, both debtors must sign.*)

57

Date: 10/27/2009 Signature: /s/ Steve A. Anderson  
(Debtor)

Date: 10/27/2009 Signature: \_\_\_\_\_  
(Joint Debtor, if any )

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re **Steve A. Anderson**

Case No.  
Chapter 7

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Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**WARNING:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

*[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement]

[Must be accompanied by a motion for determination by the court.]

Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency

so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Steve A. Anderson

Date: 10/27/2009

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Steve A. Anderson**

Case No.  
Chapter 7

/ Debtor

Attorney for Debtor: **MICHAEL R. RICHMOND**

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:

a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . .	\$ <u>550.00</u>
b) Prior to the filing of this statement, debtor(s) have paid . . . . .	\$ <u>550.00</u>
c) The unpaid balance due and payable is . . . . .	\$ <u>0.00</u>
3. \$ 299.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
**None other**
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
**None other**
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
**None**
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
**None**

Dated: **10/27/2009**

Respectfully submitted,

X /s/ **MICHAEL R. RICHMOND**  
Attorney for Petitioner: **MICHAEL R. RICHMOND**  
**HELLER & RICHMOND, LTD.**  
**33 NORTH DEARBORN STREET**  
**SUITE 1600**  
**CHICAGO IL 60602**  
**(312) 781-6700**

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

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#### **Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest.  
Your attorney can explain the options that are available to you.

#### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)**

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under the plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

#### **Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)**

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### **Chapter 12: Family farmer (\$200 filing fee plus \$39 administrative fee)**

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

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I, the debtor, affirm that I have read this notice.

10/27/2009

Date

/s/Steve A. Anderson

Signature of Debtor

Case Number

In re Steve A. Anderson,

Case No. \_\_\_\_\_

Debtor(s)

(if known)

## SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
<b>None</b>			<b>None</b>

No continuation sheets attached

**TOTAL \$**  
(Report also on Summary of Schedules.)

**0.00**

In re Steve A. Anderson

Debtor(s)

Case No. \_\_\_\_\_

(if known)

**SCHEDULE B-PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	<i>Central Credit Union of IL</i> <i>Location: In debtor's possession</i>		\$ 20.00
		<i>First Financial Credit Union</i> <i>Location: In debtor's possession</i>		\$ 54.00
		<i>Red Canoe Credit Union</i> <i>Location: In debtor's possession</i>		\$ 73.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X	<i>Misc Household Goods and Furnishings</i> <i>Location: In debtor's possession</i>		\$ 500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X	<i>Necessary clothing</i> <i>Location: In debtor's possession</i>		\$ 500.00
7. Furs and jewelry.	X	<i>jewlery</i> <i>Location: In debtor's possession</i>		\$ 225.00
8. Firearms and sports, photographic, and other hobby equipment.	X			

In re Steve A. Anderson

Case No. \_\_\_\_\_

Debtor(s)

(if known)

**SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.	X			

In re Steve A. Anderson

Case No. \_\_\_\_\_

Debtor(s)

(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

In re  
Steve A. Anderson,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

- 11 U.S.C. § 522(b) (2)  
 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Central Credit Union of IL	735 ILCS 5/12-1001(b)	\$ 20.00	\$ 20.00
First Financial Credit Union	735 ILCS 5/12-1001(b)	\$ 54.00	\$ 54.00
Red Canoe Credit Union	735 ILCS 5/12-1001(b)	\$ 73.00	\$ 73.00
Misc Household Goods and Furnishings	735 ILCS 5/12-1001(b)	\$ 500.00	\$ 500.00
Necessary clothing	735 ILCS 5/12-1001(a)	\$ 500.00	\$ 500.00
jewlery	735 ILCS 5/12-1001(b)	\$ 225.00	\$ 225.00

B6D (Official Form 6D) (12/07)

In re Steve A. Anderson,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above.)</i>	Co-Debtor	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
			H-Husband	W-Wife	J-Joint	C-Community	
Account No: <u>3804</u>		H 2007-12-15				\$ 10,557.00	\$ 10,557.00
<i>Creditor # : 1 Nationwide Cassel Llc 3435 N Cicero Ave Chicago IL 60641</i>		Value: \$ 0.00					
Account No:							
		Value:					
Account No:							
		Value:					

No continuation sheets attached

Subtotal \$ (Total of this page)	\$ 10,557.00	\$ 10,557.00
Total \$ (Use only on last page)	\$ 10,557.00	\$ 10,557.00

(Report also on Summary of Schedules.)  
(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Steve A. Anderson

Debtor(s)

Case No. \_\_\_\_\_

(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### Deposits by individuals

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**No continuation sheets attached**

B6F (Official Form 6F) (12/07)

In re Steve A. Anderson,

Case No. \_\_\_\_\_  
(if known)

**Debtor(s)**

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address  including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim.  If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>6310</b>						\$ 50.23
<b>Creditor # : 1</b> <b>ALLSTATE PROPERTY &amp; CASUALTY</b>						
Account No: <b>6310</b>		<b>CREDIT COLLECTION SERVICE</b> <b>2 WELLS AVE</b> <b>Newton Center MA 02459</b>				
Account No: <b>2683</b>						\$ 23.98
<b>Creditor # : 2</b> <b>AMERICA ONLINE</b> <b>GPO</b> <b>P.O. BOX 30623</b> <b>Tampa FL 33630</b>						
Account No: <b>9754</b>	H	<b>2008-07-25</b>				\$ 125.00
<b>Creditor # : 3</b> <b>AT&amp;T</b> <b>30 S Wacker Dr</b> <b>Chicago IL 60606</b>						
<b>20 continuation sheets attached</b>						
						<b>Subtotal \$</b>
						<b>Total \$</b>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

<b>Subtotal \$</b>	<b>\$ 199.21</b>
<b>Total \$</b>	

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: <b>9754</b>		<b>COLLECTION COMPANY OF 700 LONGWATER DR NORWELL MA 02061</b>			
<i>Representing:</i> <b>AT&amp;T</b>					
Account No: <b>9754</b>		<b>West Asset Management PO BOX 2348 Sherman TX 75091</b>			
<i>Representing:</i> <b>AT&amp;T</b>					
Account No: <b>8928</b>	<b>H</b>	<b>2009-06-24</b>			<b>\$ 552.00</b>
<i>Creditor # : 4</i> <b>AT&amp;T</b> <b>P.O. BOX 8212</b> <b>AURORA IL 60572-8212</b>					
Account No: <b>8928</b>		<b>ENHANCED RECOVERY CORP 8014 BAYBERRY RD JACKSONVILLE FL 32256</b>			
<i>Representing:</i> <b>AT&amp;T</b>					
Account No: <b>8928</b>		<b>West Asset Management 7820 East Broadway Blvd Suite 200 Tucson AZ 85710</b>			
<i>Representing:</i> <b>AT&amp;T</b>					
Account No: <b>6301</b>					<b>\$ 794.41</b>
<i>Creditor # : 5</i> <b>AT&amp;T</b> <b>208 S. Akard St.</b> <b>Dallas TX 75202</b>					

Sheet No. 1 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 1,346.41</b>
<b>Total \$</b>	
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: <b>6301</b>		<b>GREAT LAKES COLLECTION BUREAU 45 OAK STREET Buffalo NY 14203</b>			
<i>Representing:</i> <b>AT&amp;T</b>					
Account No: <b>8543</b>					<b>\$ 133.43</b>
<i>Creditor # : 6</i> <b>BMG COMPACT DISC CLUB NATIONAL BUSINESS DIVISION PO BOX 2270 Southfield MI 48037</b>					
Account No: <b>8543</b>		<b>PENN CREDIT CORPORATION P.O. BOX 988 HARRISBURG PA 17108-0988</b>			
<i>Representing:</i> <b>BMG COMPACT DISC CLUB</b>					
Account No: <b>0045</b>					<b>\$ 480.00</b>
<i>Creditor # : 7</i> <b>BURnham Anesthesiologists c/o Merchants Credit Guide Co. 223 W. Jackson Blvd. Chicago IL 60606</b>					
Account No: <b>-102</b>					<b>\$ 19.95</b>
<i>Creditor # : 8</i> <b>Business Week c/o National Credit Audit Corp 8512 Allan Rd., PO Box 3800 Peoria IL 61612</b>					
Account No: <b>0329</b>					<b>\$ 25.00</b>
<i>Creditor # : 9</i> <b>CARDIOLOGY DIAGNOSTIC SERVICE PO BOX 616 Forest Park IL 60130</b>					
Sheet No. <b>2</b> of <b>20</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<b>Subtotal \$</b>		<b>\$ 658.38</b>
			<b>Total \$</b>		

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>0026</b>						\$ 105.84
<i>Creditor # : 10 CD HEADQUARTERS C/O NORTH SHORE AGENCY 751 SUMMA AVENUE Westbury NY 11590</i>						
Account No: <b>2692</b>						\$ 45.00
<i>Creditor # : 11 CENTER FOR ATHLETIC MEDICINE 830 W. DIVERSEY PKWY. SUITE 300 Chicago IL 60614</i>						
Account No:						\$ 986.00
<i>Creditor # : 12 CHICAGO Lake Shore Medical 676 N. St. Clair Suite 2300 Chicago IL 60611</i>						
Account No: <b>4927</b>						\$ 139.60
<i>Creditor # : 13 CITY OF CHICAGO DEPARTMENT OF REVENUE-EMS 121 N. LaSalle St. Rm 107A Chicago IL 60602</i>						
Account No: <b>2007</b>						\$ 283.20
<i>Creditor # : 14 CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago IL 60602</i>						
Account No: <b>1079</b>						\$ 310.00
<i>Creditor # : 15 CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago IL 60602</i>						

Sheet No. 3 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 1,869.64</b>
<b>Total \$</b>	
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>1170</b> <i>Creditor # : 16 CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago IL 60602</i>						\$ 295.00
Account No: <b>1170</b> <i>Representing: CITY OF CHICAGO</i>		<i>PROGRESSIVE RECOVERY TECH P.O. BOX 805030 Chicago IL 60680</i>				
Account No: <b>0283</b> <i>Creditor # : 17 CITY OF CHICAGO DEPARTMENT OF REVENUE-EMS 121 N. LaSalle St. Rm 107A Chicago IL 60602</i>						\$ 315.00
Account No: <b>2613</b> <i>Creditor # : 18 CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LASALLE, ROOM 107A Chicago IL 60602</i>						\$ 320.00
Account No: <i>Creditor # : 19 CONSUMER REPORTS BUSINESS AFFAIRS DEPT. PO BOX 2073 Harlan IA 51593</i>						\$ 20.00
Account No: <b>4909</b> <i>Creditor # : 20 DEV MEDICAL ASSOCIATES 1146 PARK AVENUE River Forest IL 60305</i>						\$ 124.00

Sheet No. 4 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 1,074.00</b>
<b>Total \$</b>	

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No:					\$ 2,568.00
<i>Creditor # : 21 ELvira and Leonard Scalziti 2925 Two Paths Dr Woodridge IL 60517</i>					
Account No: 4189					\$ 100.00
<i>Creditor # : 22 EVANSTON NORTHWESTERN HEALTH C/O GLENBROOK HOSPITAL 2100 PFINGSTIN ROAD Glenview IL 60025</i>					
Account No: 4189		<i>ILLINOIS COLLECTION SERVICE P.O. BOX 646 Oak Lawn IL 60454</i>			
Account No: 2152					\$ 353.37
<i>Creditor # : 23 EVANSTON NORTHWESTERN HEALTH C/O GLENBROOK HOSPITAL 2100 PFINGSTIN ROAD Glenview IL 60025</i>					
Account No: 2152		<i>PINNACLE MANAGEMENT SERVICES 514 MARKET LOOP, SUITE 103 Dundee IL 60118</i>			
Account No: 6001	H	2008-08-22			\$ 423.00
<i>Creditor # : 24 First Premier Bank 601 S Minnesota Ave Sioux Falls SD 57104</i>					

Sheet No. 5 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$**

**\$ 3,444.37**

**Total \$**

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules  
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>3799</b> <i>Creditor # : 25 First Premier Bank 601 S Minnesota Ave Sioux Falls SD 57104</i>		H 2009-04-21				\$ 184.00
Account No: <b>1055</b> <i>Creditor # : 26 GEvalia kaffe Holmparken Square PO Box 6276 Dover DE 19905</i>						\$ 58.30
Account No: <b>1055</b> <i>Representing: GEvalia kaffe</i>		NORTH SHORE AGENCY 751 Summa Ave. Westbury NY 11590				
Account No: <i>Creditor # : 27 GQ PO BOX 37672 Boone IA 50037</i>						\$ 15.00
Account No: <b>1699</b> <i>Creditor # : 28 JACKSON PARK HOSPITAL 7531 SOUTH STONY ISLAND AVE. ATTN: PHYSICIANS BILLING Chicago IL 60649</i>						\$ 225.00
Account No: <b>1699</b> <i>Representing: JACKSON PARK HOSPITAL</i>		NATIONWIDE CREDIT 9919 ROOSEVELT RD. BUILDING 400 Westchester IL 60154				
Sheet No. <b>6</b> of <b>20</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						<b>Subtotal \$</b>
						<b>Total \$</b>
						\$ 482.30
						(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: <b>1699</b>						\$ 100.00
<i>Creditor # : 29 JACKSON PARK HOSPITAL 7531 SOUTH STONY ISLAND AVE. ATTN: PHYSICIANS BILLING Chicago IL 60649</i>						
Account No: <b>1699</b>		<b>NATIONWIDE CREDIT &amp; CO 815 COMMERCE DRIVE SUITE 100 Oak Brook IL 60523</b>				
Account No: <b>1076</b>						\$ 60.00
<i>Creditor # : 30 JEFFREY E. KARABAN MD 2800 N. SHERIDAN RD #210 Chicago IL 60657</i>						
Account No: <b>1076</b>		<b>TRANSWORLD SYSTEMS 25 NORTH WEST PT BLVD SUITE 750 Elk Grove Villag IL 60007</b>				
Account No: <b>5726</b>						\$ 348.16
<i>Creditor # : 31 LITTLE COMPANY OF MARY HOSP. 2800 W. 95TH STREET ATTN: PATIENT ACCT. Evergreen Park IL 60805</i>						
Account No: <b>4605</b>						\$ 24.94
<i>Creditor # : 32 Men's HEALTH PO BOX 7318 Red Oak IA 51591</i>						
<b>Subtotal \$</b>						<b>\$ 533.10</b>
<b>Total \$</b>						
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)						

Sheet No. 7 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$**

**Total \$**

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No:					\$ 2,568.39
<i>Creditor # : 33 NATIONWIDE Insurance One Nationwide Plaza Columbus OH 43215</i>		<i>subrogee of Elvira &amp; Leonard Scalzitti</i>			
Account No:					
<i>Representing: NATIONWIDE Insurance</i>		<i>NCO FINANCIAL SYSTEMS 507 PRUDENTIAL ROAD Horsham PA 19044</i>			
Account No:					
<i>Representing: NATIONWIDE Insurance</i>		<i>SECRETARY OF STATE DEPT.Safety &amp; Financial Resp 2701 S. Dirksen Pkwy Springfield IL 62723</i>			
Account No:					
<i>Representing: NATIONWIDE Insurance</i>		<i>SECRETARY OF STATE DRIVER'S SERVICES DEPARTMENT 2701 S. DIRKSEN PARKWAY Springfield IL 62723</i>			
Account No: 2704					\$ 35.00
<i>Creditor # : 34 NORTHWESTERN MED F F 38693 Eagle Way Chicago IL 60678</i>					
Account No: 2704					
<i>Representing: NORTHWESTERN MED F F</i>		<i>REVENUE PRODUCTION MNGMT, INC. P.O. BOX 598148 CHICAGO IL 60659-8148</i>			
Sheet No. <u>8</u> of <u>20</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<b>Subtotal \$</b>		<b>\$ 2,603.39</b>
			<b>Total \$</b>		

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>6819</b>						\$ 200.90
<i>Creditor # : 35 NORTHWESTERN MED F F 38693 Eagle Way Chicago IL 60678</i>						
Account No: <b>6819</b>						\$ 92.40
<i>Creditor # : 36 NORTHWESTERN MED F F 38693 Eagle Way Chicago IL 60678</i>						
Account No: <b>6819</b>		<i>REVENUE PRODUCTION MNGMT, INC. P.O. BOX 925 Des Plaines IL 60018</i>				
Account No: <b>-001</b>						\$ 881.44
<i>Creditor # : 37 NORTHWESTERN MED F F 38693 Eagle Way Chicago IL 60678</i>						
Account No: <b>-001</b>		<i>REVENUE PRODUCTION MNGMT, INC. DEPT. 77308 P.O. BOX 77000 Detroit MI 48277-0307</i>				
Account No: <b>9924</b>						\$ 35.02
<i>Creditor # : 38 NORTHWESTERN MED F F 38693 Eagle Way Chicago IL 60678</i>						
<b>Subtotal \$</b>						<b>\$ 1,209.76</b>
<b>Total \$</b>						
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)						

Sheet No. 9 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$**

**\$ 1,209.76**

**Total \$**

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: <b>9924</b>					
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>		<b>MIRAMED REVENUE GROUP DEPT. 77304 PO BOX 77000 Detroit MI 48277</b>			
Account No: <b>0836</b>					<b>\$ 1,000.00</b>
<i>Creditor # : 39</i> <b>NORTHWESTERN MED F F</b> <b>38693 Eagle Way</b> <b>Chicago IL 60678</b>					
Account No: <b>0836</b>		<b>REVENUE PRODUCTION MNGMT, INC. P.O. BOX 598148 CHICAGO IL 60659-8148</b>			
Account No: <b>1096</b>					<b>\$ 207.00</b>
<i>Creditor # : 40</i> <b>NORTHWESTERN MED F F</b> <b>38693 Eagle Way</b> <b>Chicago IL 60678</b>					
Account No: <b>1096</b>		<b>REVENUE PRODUCTION MNGMT, INC. DEPT. 77308 P.O. BOX 77000 Detroit MI 48277-0307</b>			
Account No: <b>8590</b>					<b>\$ 110.00</b>
<i>Creditor # : 41</i> <b>NORTHWESTERN MED F F</b> <b>38693 Eagle Way</b> <b>Chicago IL 60678</b>					

Sheet No. 10 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 1,317.00</b>
<b>Total \$</b>	
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: <b>8590</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> DEPT. 77308 P.O. BOX 77000 Detroit MI 48277-0307			
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>					
Account No: <b>0008</b>					<b>\$ 43.00</b>
<i>Creditor # : 42</i> <b>NORTHWESTERN MED F F</b> 38693 Eagle Way Chicago IL 60678					
Account No: <b>0008</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> DEPT. 77308 P.O. BOX 77000 Detroit MI 48277-0307			
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>					
Account No: <b>4250</b>					<b>\$ 503.00</b>
<i>Creditor # : 43</i> <b>NORTHWESTERN MED F F</b> 38693 Eagle Way Chicago IL 60678					
Account No: <b>4250</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> DEPT. 77308 P.O. BOX 77000 Detroit MI 48277-0307			
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>					
Account No: <b>9823</b>					<b>\$ 197.54</b>
<i>Creditor # : 44</i> <b>NORTHWESTERN MED F F</b> 38693 Eagle Way Chicago IL 60678					
Sheet No. <u>11</u> of <u>20</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<b>Subtotal \$</b>		<b>\$ 743.54</b>
			<b>Total \$</b>		

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: <b>9823</b>					
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> DEPT. 77308 P.O. BOX 77000 Detroit MI 48277-0307			
Account No: <b>2703</b>					<b>\$ 41.00</b>
<i>Creditor # : 45</i> <b>NORTHWESTERN MED F F</b> 38693 Eagle Way Chicago IL 60678					
Account No: <b>2703</b>					
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> P.O. BOX 598148 CHICAGO IL 60659-8148			
Account No: <b>2705</b>					<b>\$ 37.00</b>
<i>Creditor # : 46</i> <b>NORTHWESTERN MED F F</b> 38693 Eagle Way Chicago IL 60678					
Account No: <b>2705</b>					
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> DEPT. 77308 P.O. BOX 77000 Detroit MI 48277-0307			
Account No: <b>2980</b>					<b>\$ 240.00</b>
<i>Creditor # : 47</i> <b>NORTHWESTERN MED F F</b> 38693 Eagle Way Chicago IL 60678					

Sheet No. 12 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 318.00</b>
<b>Total \$</b>	
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim.  If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>2980</b>						
<i>Representing:</i> <b>NORTHWESTERN MED F F</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> <b>P.O. BOX 598148</b> <b>CHICAGO IL 60659-8148</b>				
Account No: <b>-001</b>						\$ 194.72
<i>Creditor # : 48</i> <b>NORTHWESTERN MEMORIAL HOSPITAL</b> <b>251 E. HURON STREET</b> <b>ATTN: PATIENT FINANCIAL SERV</b> <b>Chicago IL 60611</b>						
Account No: <b>-001</b>						\$ 61.42
<i>Creditor # : 49</i> <b>NORTHWESTERN MEMORIAL HOSPITAL</b> <b>251 E. HURON STREET</b> <b>ATTN: PATIENT FINANCIAL SERV</b> <b>Chicago IL 60611</b>						
Account No: <b>2648</b>						\$ 741.19
<i>Creditor # : 50</i> <b>NORTHWESTERN MEMORIAL HOSPITAL</b> <b>251 E. HURON STREET</b> <b>ATTN: PATIENT FINANCIAL SERV</b> <b>Chicago IL 60611</b>						
Account No: <b>2648</b>		<b>REVENUE PRODUCTION MNGMT, INC.</b> <b>P.O. BOX 77000</b> <b>Detroit MI 48277-0308</b>				
Account No: <b>-001</b>						\$ 444.58
<i>Creditor # : 51</i> <b>NORTHWESTERN MEMORIAL HOSPITAL</b> <b>251 E. HURON STREET</b> <b>ATTN: PATIENT FINANCIAL SERV</b> <b>Chicago IL 60611</b>						

Sheet No. 13 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$**                 

**Total \$** 1,441.91

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>-001</b>						\$ 130.38
<i>Creditor # : 52 NORTHWESTERN MEMORIAL HOSPITAL 251 E. HURON STREET ATTN: PATIENT FINANCIAL SERV Chicago IL 60611</i>						
Account No: <b>-001</b>						\$ 1,031.38
<i>Creditor # : 53 NORTHWESTERN MEMORIAL HOSPITAL 251 E. HURON STREET ATTN: PATIENT FINANCIAL SERV Chicago IL 60611</i>						
Account No: <b>5990</b>						\$ 13.30
<i>Creditor # : 54 Northwestern Surgical Assoc. PO BOX 388320 Chicago IL 60638</i>						
Account No: <b>0255</b>						\$ 189.75
<i>Creditor # : 55 OUR LADY OF RESURRECTION MEDICAL CENTER 5645 WEST ADDISON STREET CHICAGO IL 60634-4455</i>						
Account No: <b>0314</b>						\$ 1,156.25
<i>Creditor # : 56 OUR LADY OF RESURRECTION MEDICAL CENTER 5645 W. ADDISON ST. CHICAGO IL 60634-4455</i>						
Account No: <b>8893</b>	<b>H</b>	<b>2009-04-17</b>				\$ 75.00
<i>Creditor # : 57 PROVENA ST. JOSEPH 333 N. MADISON Joliet IL 60435</i>						
Sheet No. <b>14</b> of <b>20</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<b>Subtotal \$</b>			<b>\$ 2,596.06</b>
			<b>Total \$</b>			

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: <b>8893</b>					
<i>Representing:</i> <b>PROVENA ST. JOSEPH</b>		<b>PELETTIERI</b> 991 OAK CREEK DR LOMBARD IL 60148			
Account No: <b>8893</b>					
<i>Representing:</i> <b>PROVENA ST. JOSEPH</b>		<b>MIRAMED REVENUE GROUP</b> DEPT. 77304 PO BOX 77000 Detroit MI 48277			
Account No: <b>6016</b>	H	<b>2008-12-26</b>			\$ 122.00
<i>Creditor # : 58</i> <b>PUBLIC storage</b> 701 Western Ave. Glendale CA 91201					
Account No: <b>6016</b>					
<i>Representing:</i> <b>PUBLIC storage</b>		<b>ALLIED INTERSTATE, INC</b> 3000 CORPORATE EXCHANGE COLUMBUS OH 43231			
Account No: <b>7389</b>	H	<b>2008-08-05</b>			\$ 69.00
<i>Creditor # : 59</i> <b>PUBLIC stor</b> 701 Western Ave. Glendale CA 91201					
Account No: <b>7389</b>					
<i>Representing:</i> <b>PUBLIC stor</b>		<b>ALLIED INTERSTATE, INC</b> 3000 CORPORATE EXCHANGE COLUMBUS OH 43231			

Sheet No. 15 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 191.00</b>
<b>Total \$</b>	

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: 1266					\$ 38.92
<i>Creditor # : 60 RODALE PRESS c/o DelVerServ, Inc. PO BOX 8005 Cockeysville MD 21030</i>					
Account No: 2920	H	2006-04-24			\$ 75.00
<i>Creditor # : 61 ST. JOSEPH HOSPITAL 2900 Lake Shore Dr. Chicago IL 60657</i>					
Account No: 2920		<i>ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487</i>			
Account No: 7509					\$ 100.00
<i>Creditor # : 62 ST. JOSEPH HOSPITAL 2900 Lake Shore Dr. ATTN: PATIENT ACCOUNT Chicago IL 60657</i>					
Account No: 7509		<i>RPM P.O. BOX 925 Des Plaines IL 60018</i>			
Account No: 3630	H	2006-11-13			\$ 248.00
<i>Creditor # : 63 ST. JOSEPH HOSPITAL 2900 Lake Shore Dr. Chicago IL 60657</i>					

Sheet No. 16 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 461.92</b>
<b>Total \$</b>	
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Co-Debtor	H--Husband W--Wife J--Joint C--Community				
Account No: <b>3630</b>					
<i>Representing:</i> <b>ST. JOSEPH HOSPITAL</b>		<b>ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487</b>			
Account No: <b>0115</b>	<b>H</b>	<b>2008-02-11</b>			<b>\$ 75.00</b>
<i>Creditor # : 64</i> <b>ST. JOSEPH HOSPITAL</b> <b>2900 Lake Shore Dr.</b> <b>Chicago IL 60657</b>					
Account No: <b>0115</b>					
<i>Representing:</i> <b>ST. JOSEPH HOSPITAL</b>		<b>ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487</b>			
Account No: <b>0406</b>					<b>\$ 145.50</b>
<i>Creditor # : 65</i> <b>ST. JOSEPH HOSPITAL</b> <b>2900 Lake Shore Dr.</b> <b>Chicago IL 60657</b>					
Account No: <b>6680</b>	<b>H</b>	<b>2009-05-07</b>			<b>\$ 185.00</b>
<i>Creditor # : 66</i> <b>Surety Fin</b> <b>3414 W 79th</b> <b>Chicago IL 60652</b>					
Account No: <b>4977</b>					<b>\$ 215.00</b>
<i>Creditor # : 67</i> <b>TARaneh S. Firooz</b> <b>5600 W. Addison</b> <b>Chicago IL 60634</b>					

Sheet No. 17 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$**                  **Total \$**                 

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules  
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

**B6F (Official Form 6F) (12/07)** - Cont.

In re Steve A. Anderson

Case No.

## **Debtor(s)**

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
			H--Husband	W--Wife	J--Joint	C--Community
Account No: 0466  <i>Creditor # : 68 TCF NATIONAL BANK IL 800 BURR RIDGE Hinsdale IL 60521</i>						\$ 234.21
Account No: 0466  <i>Representing: TCF NATIONAL BANK IL</i>		<b>MILLENIUM CREDIT CONSULTANTS</b> 149 E THOMPSON AVE Saint Paul MN 55118				
Account No: 2477  <i>Creditor # : 69 TIME-LIFE 1450 E. PARHAM ROAD 23280</i>						\$ 50.96
Account No: 2477  <i>Representing: TIME-LIFE</i>		<b>NORTH SHORE AGENCY</b> 751 Summa Ave. Westbury NY 11590				
Account No: 5714  <i>Creditor # : 70 Troy Fire Department 107 W. Jefferson St. Joliet IL 60431</i>	H	2009-04-14				\$ 532.00
Account No: 5714  <i>Representing: Troy Fire Department</i>		<b>NORTHWEST COLLECTORS</b> 3601 ALGONQUIN RD STE 23 ROLLING MEADOWS IL 60008				

Sheet No. 18 of 20 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	\$ 817.17
<b>Total \$</b> ary of Schedules nd Related Data)	

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: <b>3493</b>						\$ 1,131.52
<i>Creditor # : 71 UNIVERSITY OF CHICAGO HOSPITAL 5841 S. MARYLAND Chicago IL 60637</i>						
Account No: <b>3493</b>		<i>M3 FINANCIAL SERVICES PO BOX 7230 Westchester IL 60154</i>				
Account No: <b>2740</b>						\$ 102.90
<i>Creditor # : 72 UNIVERSITY OF CHICAGO PHYS GRP P.O. BOX 75307 Chicago IL 60675</i>						
Account No: <b>2740</b>		<i>ILLINOIS COLLECTION SERVICE P.O. BOX 646 Oak Lawn IL 60454</i>				
Account No: <b>14N1</b>	<b>H</b>	<b>2009-07-26</b>				<b>\$ 797.00</b>
<i>Creditor # : 73 US CELLULAR Bankruptcy Dept. 5117 W. Terrace Dr. Madison WI 53718</i>						
Account No: <b>14N1</b>		<i>ACCOUNT RECOVERY SERVI 3031 N 114TH ST WAUWATOSA WI 53222</i>				
Sheet No. <b>19</b> of <b>20</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<b>Subtotal \$</b>	<b>\$ 2,031.42</b>		
			<b>Total \$</b>			

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Steve A. Anderson,

Case No. \_\_\_\_\_

**Debtor(s)**

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: <b>0207</b>  <i>Creditor # : 74 US CELLULAR Bankruptcy Dept. 5117 W. Terrace Dr. Madison WI 53718</i>	H	2009-01-17				\$ 767.00
Account No: <b>0207</b>  <i>Representing: US CELLULAR</i>		<b>ASSET MANAGEMENT OUT 401 PILOT CT STE A WAUKESHA WI 53188</b>				
Account No: <b>9137</b>  <i>Creditor # : 75 Zager Dds Lawrence 25 E Washington Chicago IL 60602</i>	H	2009-04-30				\$ 220.00
Account No: <b>9137</b>  <i>Representing: Zager Dds Lawrence</i>		<b>NORTHWEST COLLECTORS 3601 ALGONQUIN RD STE 23 ROLLING MEADOWS IL 60008</b>				
Account No: <b>3848</b>  <i>Creditor # : 76 ZIAUDDIN AHMED, MD. 5600 W. ADDISON SUITE 301 Chicago IL 60634</i>						\$ 40.00
Account No:						

Sheet No. 20 of 20 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 1,027.00</b>
<b>Total \$</b>	<b>\$ 24,986.08</b>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Steve A. Anderson

/ Debtor

Case No. \_\_\_\_\_

(if known)

## SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Steve A. Anderson

/ Debtor

Case No. \_\_\_\_\_

(if known)

## SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Steve A. Anderson,  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <i>Single</i>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation <b>Doorman</b>		
Name of Employer <b>Commonwealth Plaza</b>		
How Long Employed <b>6 years</b>		
Address of Employer <b>330 W. Diversey Parkway Chicago IL 60657</b>		
INCOME: (Estimate of average or projected monthly income at time case filed)		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ <b>361.83</b>	\$ <b>0.00</b>
2. Estimate monthly overtime	\$ <b>0.00</b>	\$ <b>0.00</b>
3. SUBTOTAL	\$ <b>361.83</b>	\$ <b>0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <b>34.67</b>	\$ <b>0.00</b>
b. Insurance	\$ <b>0.00</b>	\$ <b>0.00</b>
c. Union dues	\$ <b>0.00</b>	\$ <b>0.00</b>
d. Other (Specify):	\$ <b>0.00</b>	\$ <b>0.00</b>
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <b>34.67</b>	\$ <b>0.00</b>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <b>327.17</b>	\$ <b>0.00</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ <b>0.00</b>	\$ <b>0.00</b>
8. Income from real property	\$ <b>0.00</b>	\$ <b>0.00</b>
9. Interest and dividends	\$ <b>0.00</b>	\$ <b>0.00</b>
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <b>0.00</b>	\$ <b>0.00</b>
11. Social security or government assistance (Specify): <b>unemployment compensation</b>	\$ <b>1,532.00</b>	\$ <b>0.00</b>
12. Pension or retirement income	\$ <b>0.00</b>	\$ <b>0.00</b>
13. Other monthly income (Specify):	\$ <b>0.00</b>	\$ <b>0.00</b>
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <b>1,532.00</b>	\$ <b>0.00</b>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <b>1,859.17</b>	\$ <b>0.00</b>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b><u>\$ 1,859.17</u></b>	
(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)		
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		

In re Steve A. Anderson,  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) .....	\$ <u>1,100.00</u>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities: a. Electricity and heating fuel .....	\$ <u>50.00</u>
b. Water and sewer .....	\$ <u>0.00</u>
c. Telephone .....	\$ <u>130.00</u>
d. Other .....	\$ <u>0.00</u>
Other .....	\$ <u>0.00</u>
3. Home maintenance (repairs and upkeep) .....	\$ <u>0.00</u>
4. Food .....	\$ <u>400.00</u>
5. Clothing .....	\$ <u>100.00</u>
6. Laundry and dry cleaning .....	\$ <u>50.00</u>
7. Medical and dental expenses .....	\$ <u>50.00</u>
8. Transportation (not including car payments) .....	\$ <u>130.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc. .....	\$ <u>0.00</u>
10. Charitable contributions .....	\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's .....	\$ <u>0.00</u>
b. Life .....	\$ <u>0.00</u>
c. Health .....	\$ <u>0.00</u>
d. Auto .....	\$ <u>0.00</u>
e. Other .....	\$ <u>0.00</u>
Other .....	\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage) (Specify) .....	\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto .....	\$ <u>0.00</u>
b. Other: .....	\$ <u>0.00</u>
c. Other: .....	\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others .....	\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home .....	\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) .....	\$ <u>0.00</u>
17. Other: <b>PERSONAL ITEMS &amp; GROOMING</b> Other: .....	\$ <u>100.00</u> <u>0.00</u> <u>0.00</u>
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <u>2,110.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 16 of Schedule I .....	\$ <u>1,859.17</u>
b. Average monthly expenses from Line 18 above .....	\$ <u>2,110.00</u>
c. Monthly net income (a. minus b.) .....	\$ <u>(250.83)</u>

**UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Steve A. Anderson**

Case No.  
Chapter: 7

/Debtor(s)

Attorney For Debtor: **MICHAEL R. RICHMOND**

**LIST OF CREDITORS**

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
1	<b>ALLSTATE PROPERTY &amp; CASUALTY</b>			\$ 50.23
2	<b>AMERICA ONLINE GPO P.O. BOX 30623 Tampa, FL 33630</b>			\$ 23.98
3	<b>AT&amp;T 30 S Wacker Dr Chicago, IL 60606</b>			\$ 125.00
4	<b>AT&amp;T P.O. BOX 8212 AURORA, IL 60572-8212</b>			\$ 552.00
5	<b>AT&amp;T 208 S. Akard St. Dallas, TX 75202</b>			\$ 794.41
6	<b>BMG COMPACT DISC CLUB NATIONAL BUSINESS DIVISION PO BOX 2270 Southfield, MI 48037</b>			\$ 133.43
7	<b>BURnham Anesthesiologists c/o Merchants Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606</b>			\$ 480.00
8	<b>Business Week c/o National Credit Audit Corp 8512 Allan Rd., PO Box 3800 Peoria, IL 61612</b>			\$ 19.95

**LIST OF CREDITORS**

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
9	<i>CARDIOLOGY DIAGNOSTIC SERVICE PO BOX 616 Forest Park, IL 60130</i>			\$ 25.00
10	<i>CD HEADQUARTERS C/O NORTH SHORE AGENCY 751 SUMMA AVENUE Westbury, NY 11590</i>			\$ 105.84
11	<i>CENTER FOR ATHLETIC MEDICINE 830 W. DIVERSEY PKWY. SUITE 300 Chicago, IL 60614</i>			\$ 45.00
12	<i>CHICAGO Lake Shore Medical 676 N. St. Clair Suite 2300 Chicago, IL 60611</i>			\$ 986.00
13	<i>CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago, IL 60602</i>			\$ 283.20
14	<i>CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago, IL 60602</i>			\$ 310.00
15	<i>CITY OF CHICAGO DEPARTMENT OF REVENUE-EMS 121 N. LaSalle St. Rm 107A Chicago, IL 60602</i>			\$ 315.00
16	<i>CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago, IL 60602</i>			\$ 295.00
17	<i>CITY OF CHICAGO DEPARTMENT OF REVENUE-EMS 121 N. LaSalle St. Rm 107A Chicago, IL 60602</i>			\$ 139.60
18	<i>CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LASALLE, ROOM 107A Chicago, IL 60602</i>			\$ 320.00
19	<i>CONSUMER REPORTS BUSINESS AFFAIRS DEPT. PO BOX 2073 Harlan, IA 51593</i>			\$ 20.00

**LIST OF CREDITORS**

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
20	<i>DEV MEDICAL ASSOCIATES 1146 PARK AVENUE River Forest, IL 60305</i>			\$ 124.00
21	<i>ELvira and Leonard Scalziti 2925 Two Paths Dr Woodridge, IL 60517</i>			\$ 2,568.00
22	<i>EVANSTON NORTHWESTERN HEALTH C/O GLENBROOK HOSPITAL 2100 PFINGSTIN ROAD Glenview, IL 60025</i>			\$ 100.00
23	<i>EVANSTON NORTHWESTERN HEALTH C/O GLENBROOK HOSPITAL 2100 PFINGSTIN ROAD Glenview, IL 60025</i>			\$ 353.37
24	<i>First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104</i>			\$ 423.00
25	<i>First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104</i>			\$ 184.00
26	<i>GEvalia kaffe Holmparken Square PO Box 6276 Dover, DE 19905</i>			\$ 58.30
27	<i>GQ PO BOX 37672 Boone, IA 50037</i>			\$ 15.00
28	<i>JACKSON PARK HOSPITAL 7531 SOUTH STONY ISLAND AVE. ATTN: PHYSICIANS BILLING Chicago, IL 60649</i>			\$ 225.00
29	<i>JACKSON PARK HOSPITAL 7531 SOUTH STONY ISLAND AVE. ATTN: PHYSICIANS BILLING Chicago, IL 60649</i>			\$ 100.00
30	<i>JEFFREY E. KARABAN MD 2800 N. SHERIDAN RD #210 Chicago, IL 60657</i>			\$ 60.00

**LIST OF CREDITORS**

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
31	<i>LITTLE COMPANY OF MARY HOSP. 2800 W. 95TH STREET ATTN: PATIENT ACCT. Evergreen Park, IL 60805</i>			\$ 348.16
32	<i>Men's HEALTH PO BOX 7318 Red Oak, IA 51591</i>			\$ 24.94
33	<i>Nationwide Cassel Llc 3435 N Cicero Ave Chicago, IL 60641</i>			\$ 10,557.00
34	<i>NATIONWIDE Insurance One Nationwide Plaza Columbus, OH 43215</i>	<i>subrogee of Elvira &amp; Leonard Scalzitti IL DL # A536-7817-4302</i>		\$ 2,568.39
35	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 881.44
36	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 200.90
37	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 35.02
38	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 35.00
39	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 197.54
40	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 92.40
41	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 1,000.00

**LIST OF CREDITORS**

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
42	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 240.00
43	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 503.00
44	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 43.00
45	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 110.00
46	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 37.00
47	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 207.00
48	<i>NORTHWESTERN MED F F 38693 Eagle Way Chicago, IL 60678</i>			\$ 41.00
49	<i>NORTHWESTERN MEMORIAL HOSPITAL 251 E. HURON STREET ATTN: PATIENT FINANCIAL SERV Chicago, IL 60611</i>			\$ 1,031.38
50	<i>NORTHWESTERN MEMORIAL HOSPITAL 251 E. HURON STREET ATTN: PATIENT FINANCIAL SERV Chicago, IL 60611</i>			\$ 194.72
51	<i>NORTHWESTERN MEMORIAL HOSPITAL 251 E. HURON STREET ATTN: PATIENT FINANCIAL SERV Chicago, IL 60611</i>			\$ 130.38
52	<i>NORTHWESTERN MEMORIAL HOSPITAL 251 E. HURON STREET ATTN: PATIENT FINANCIAL SERV Chicago, IL 60611</i>			\$ 741.19

**LIST OF CREDITORS**

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
53	<b>NORTHWESTERN MEMORIAL HOSPITAL</b> <i>251 E. HURON STREET</i> <i>ATTN: PATIENT FINANCIAL SERV</i> <i>Chicago, IL 60611</i>			\$ 61.42
54	<b>NORTHWESTERN MEMORIAL HOSPITAL</b> <i>251 E. HURON STREET</i> <i>ATTN: PATIENT FINANCIAL SERV</i> <i>Chicago, IL 60611</i>			\$ 444.58
55	<b>Northwestern Surgical Assoc.</b> <i>PO BOX 388320</i> <i>Chicago, IL 60638</i>			\$ 13.30
56	<b>OUR LADY OF RESURRECTION</b> <b>MEDICAL CENTER</b> <i>5645 WEST ADDISON STREET</i> <i>CHICAGO, IL 60634-4455</i>			\$ 189.75
57	<b>OUR LADY OF RESURRECTION</b> <b>MEDICAL CENTER</b> <i>5645 W. ADDISON ST.</i> <i>CHICAGO, IL 60634-4455</i>			\$ 1,156.25
58	<b>PROVENA ST. JOSEPH</b> <i>333 N. MADISON</i> <i>Joliet, IL 60435</i>			\$ 75.00
59	<b>PUBLIC storage</b> <i>701 Western Ave.</i> <i>Glendale, CA 91201</i>			\$ 122.00
60	<b>PUBLIC stor</b> <i>701 Western Ave.</i> <i>Glendale, CA 91201</i>			\$ 69.00
61	<b>RODALE PRESS</b> <i>c/o DelVerServ, Inc.</i> <i>PO BOX 8005</i> <i>Cockeysville, MD 21030</i>			\$ 38.92
62	<b>ST. JOSEPH HOSPITAL</b> <i>2900 Lake Shore Dr.</i> <i>Chicago, IL 60657</i>			\$ 75.00
63	<b>ST. JOSEPH HOSPITAL</b> <i>2900 Lake Shore Dr.</i> <i>ATTN: PATIENT ACCOUNT</i> <i>Chicago, IL 60657</i>			\$ 100.00

**LIST OF CREDITORS**

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
64	<i>ST. JOSEPH HOSPITAL 2900 Lake Shore Dr. Chicago, IL 60657</i>			\$ 248.00
65	<i>ST. JOSEPH HOSPITAL 2900 Lake Shore Dr. Chicago, IL 60657</i>			\$ 75.00
66	<i>ST. JOSEPH HOSPITAL 2900 Lake Shore Dr. Chicago, IL 60657</i>			\$ 145.50
67	<i>Surety Fin 3414 W 79th Chicago, IL 60652</i>			\$ 185.00
68	<i>TARaneh S. Firoozi 5600 W. Addison Chicago, IL 60634</i>			\$ 215.00
69	<i>TCF NATIONAL BANK IL 800 BURR RIDGE Hinsdale, IL 60521</i>			\$ 234.21
70	<i>TIME-LIFE 1450 E. PARHAM ROAD 23280</i>			\$ 50.96
71	<i>Troy Fire Department 107 W. Jefferson St. Joliet, IL 60431</i>			\$ 532.00
72	<i>UNIVERSITY OF CHICAGO HOSPITAL 5841 S. MARYLAND Chicago, IL 60637</i>			\$ 1,131.52
73	<i>UNIVERSITY OF CHICAGO PHYS GRP P.O. BOX 75307 Chicago, IL 60675</i>			\$ 102.90
74	<i>US CELLULAR Bankruptcy Dept. 5117 W. Terrace Dr. Madison, WI 53718</i>			\$ 797.00

**LIST OF CREDITORS**

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
75	<i>US CELLULAR</i> <i>Bankruptcy Dept.</i> <i>5117 W. Terrace Dr.</i> <i>Madison, WI 53718</i>			\$ 767.00
76	<i>Zager Dds Lawrence</i> <i>25 E Washington</i> <i>Chicago, IL 60602</i>			\$ 220.00
77	<i>ZIAUDDIN AHMED, MD.</i> <i>5600 W. ADDISON</i> <i>SUITE 301</i> <i>Chicago, IL 60634</i>			\$ 40.00

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re ***Steve A. Anderson***

Case No.  
Chapter 7

/ Debtor

Attorney for Debtor: ***MICHAEL R. RICHMOND***

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 10/27/2009

/s/ Steve A. Anderson  
Debtor

ALLIED INTERSTATE, INC  
3000 CORPORATE EXCHANGE  
COLUMBUS, OH 43231

ALLSTATE PROPERTY & CASUALTY

AMERICA ONLINE  
GPO  
P.O. BOX 30623  
Tampa, FL 33630

Steve A. Anderson  
535 N. Michigan Ave.  
Unit 3103  
Chicago, IL 60611

ASSET MANAGEMENT OUT  
401 PILOT CT STE A  
WAUKESHA, WI 53188

AT&T  
30 S Wacker Dr  
Chicago, IL 60606

AT&T  
P.O. BOX 8212  
AURORA, IL 60572-8212

AT&T  
208 S. Akard St.  
Dallas, TX 75202

BMG COMPACT DISC CLUB  
NATIONAL BUSINESS DIVISION  
PO BOX 2270  
Southfield, MI 48037

BURnham Anesthesiologists  
c/o Merchants Credit Guide Co.  
223 W. Jackson Blvd.  
Chicago, IL 60606

Business Week  
c/o National Credit Audit Corp  
8512 Allan Rd., PO Box 3800  
Peoria, IL 61612

CARDIOLOGY DIAGNOSTIC SERVICE  
PO BOX 616  
Forest Park, IL 60130

CD HEADQUARTERS  
C/O NORTH SHORE AGENCY  
751 SUMMA AVENUE  
Westbury, NY 11590

830 W. DIVERSEY PKWY.  
SUITE 300  
Chicago, IL 60614

CHICAGO Lake Shore Medical  
676 N. Clair Suite 2300  
Chicago, IL 60611

CITY OF CHICAGO  
DEPARTMENT OF REVENUE-EMS  
121 N. LaSalle St. Rm 107A  
Chicago, IL 60602

CITY OF CHICAGO  
DEPARTMENT OF REVENUE  
121 N. LaSalle St. Rm 107A  
Chicago, IL 60602

CITY OF CHICAGO  
DEPARTMENT OF REVENUE  
121 N. LASALLE, ROOM 107A  
Chicago, IL 60602

COLLECTION COMPANY OF  
700 LONGWATER DR  
NORWELL, MA 02061

CONSUMER REPORTS  
BUSINESS AFFAIRS DEPT.  
PO BOX 2073  
Harlan, IA 51593

CREDIT COLLECTION SERVICE  
2 WELLS AVE  
Newton Center, MA 02459

DEV MEDICAL ASSOCIATES  
1146 PARK AVENUE  
River Forest, IL 60305

Elvira and Leonard Scalziti  
2925 Two Paths Dr  
Woodridge, IL 60517

ENHANCED RECOVERY CORP  
8014 BAYBERRY RD  
JACKSONVILLE, FL 32256

EVANSTON NORTHWESTERN HEALTH  
C/O GLENBROOK HOSPITAL  
2100 PFINGSTIN ROAD  
Glenview, IL 60025

First Premier Bank  
601 S Minnesota Ave  
Sioux Falls, SD 57104

GEvalia Kaffee

Holmparken Square

PO Box 6276

Dover, DE 19905

GQ

PO BOX 37672

Boone, IA 50037

GREAT LAKES COLLECTION BUREAU

45 OAK STREET

Buffalo, NY 14203

ILLINOIS COLLECTION SE

8231 185TH ST STE 100

TINLEY PARK, IL 60487

ILLINOIS COLLECTION SERVICE

P.O. BOX 646

Oak Lawn, IL 60454

JACKSON PARK HOSPITAL

7531 SOUTH STONY ISLAND AVE.

ATTN: PHYSICIANS BILLING

Chicago, IL 60649

JEFFREY E. KARABAN MD

2800 N. SHERIDAN RD

#210

Chicago, IL 60657

LITTLE COMPANY OF MARY HOSP.

2800 W. 95TH STREET

ATTN: PATIENT ACCT.

Evergreen Park, IL 60805

M3 FINANCIAL SERVICES

PO BOX 7230

Westchester, IL 60154

Men'S HEALTH

PO BOX 7318

Red Oak, IA 51591

MICHAEL R. RICHMOND

33 NORTH DEARBORN STREET

SUITE 1600

CHICAGO, IL 60602

MILLENIUM CREDIT CONSULTANTS

149 E THOMPSON AVE

Saint Paul, MN 55118

MIRAMED REVENUE GROUP

DEPT. 77304

PO BOX 77000

Detroit, MI 48277

Nationwide Cassel Llc

3435 N Cicero Ave

Chicago, IL 60641

NATIONWIDE CREDIT Document Page 60 of 71

9919 ROOSEVELT RD.  
BUILDING 400  
Westchester, IL 60154

NATIONWIDE CREDIT & CO  
815 COMMERCE DRIVE  
SUITE 100  
Oak Brook, IL 60523

NATIONWIDE Insurance  
One Nationwide Plaza  
Columbus, OH 43215

NCO FINANCIAL SYSTEMS  
507 PRUDENTIAL ROAD  
Horsham, PA 19044

NORTH SHORE AGENCY  
751 Summa Ave.  
Westbury, NY 11590

NORTHWEST COLLECTORS  
3601 ALGONQUIN RD STE 23  
ROLLING MEADOWS, IL 60008

NORTHWESTERN MED F F  
38693 Eagle Way  
Chicago, IL 60678

NORTHWESTERN MEMORIAL HOSPITAL  
251 E. HURON STREET  
ATTN: PATIENT FINANCIAL SERV  
Chicago, IL 60611

Northwestern Surgical Assoc.  
PO BOX 388320  
Chicago, IL 60638

OUR LADY OF RESURRECTION  
MEDICAL CENTER  
5645 WEST ADDISON STREET  
CHICAGO, IL 60634-4455

OUR LADY OF RESURRECTION  
MEDICAL CENTER  
5645 W. ADDISON ST.  
CHICAGO, IL 60634-4455

PELETTIERI  
991 OAK CREEK DR  
LOMBARD, IL 60148

PENN CREDIT CORPORATION  
P.O. BOX 988  
HARRISBURG, PA 17108-0988

PINNACLE MANAGEMENT SERVICES  
514 MARKET LOOP, SUITE 103  
Dundee, IL 60118

PROVENA ST. JOSEPH  
333 N. MADISON  
Joliet, IL 60435

PUBLIC storage  
701 Western Ave.  
Glendale, CA 91201

PUBLIC stor  
701 Western Ave.  
Glendale, CA 91201

REVENUE PRODUCTION MNGMT, INC.  
P.O. BOX 77000  
Detroit, MI 48277-0308

REVENUE PRODUCTION MNGMT, INC.  
P.O. BOX 598148  
CHICAGO, IL 60659-8148

REVENUE PRODUCTION MNGMT, INC.  
DEPT. 77308  
P.O. BOX 77000  
Detroit, MI 48277-0307

REVENUE PRODUCTION MNGMT, INC.  
P.O. BOX 925  
Des Plaines, IL 60018

RODALE PRESS  
c/o DelVerServ, Inc.  
PO BOX 8005  
Cockeysville, MD 21030

RPM  
P.O. BOX 925  
Des Plaines, IL 60018

SECRETARY OF STATE  
DRIVER'S SERVICES DEPARTMENT  
2701 S. DIRKSEN PARKWAY  
Springfield, IL 62723

SECRETARY OF STATE  
DEPT. Safety & Financial Resp  
2701 S. Dirksen Pkwy  
Springfield, IL 62723

ST. JOSEPH HOSPITAL  
2900 Lake Shore Dr.  
Chicago, IL 60657

ST. JOSEPH HOSPITAL  
2900 Lake Shore Dr.  
ATTN: PATIENT ACCOUNT  
Chicago, IL 60657

TARaneh S. Firoozi  
5600 W. Addison  
Chicago, IL 60634

TCF NATIONAL BANK IL  
800 BURR RIDGE  
Hinsdale, IL 60521

TIME-LIFE  
1450 E. PARHAM ROAD  
23280

TRANSWORLD SYSTEMS  
25 NORTH WEST PT BLVD  
SUITE 750  
Elk Grove Villag, IL 60007

Troy Fire Department  
107 W. Jefferson St.  
Joliet, IL 60431

UNIVERSITY OF CHICAGO HOSPITAL  
5841 S. MARYLAND  
Chicago, IL 60637

UNIVERSITY OF CHICAGO PHYS GRP  
P.O. BOX 75307  
Chicago, IL 60675

US CELLULAR  
Bankruptcy Dept.  
5117 W. Terrace Dr.  
Madison, WI 53718

West Asset Management  
7820 East Broadway Blvd  
Suite 200  
Tucson, AZ 85710

West Asset Management  
PO BOX 2348  
Sherman, TX 75091

Zager Dds Lawrence  
25 E Washington  
Chicago, IL 60602

ZIAUDDIN AHMED, MD.  
5600 W. ADDISON  
SUITE 301  
Chicago, IL 60634

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Steve A. Anderson**

Case No.  
Chapter 7

\_\_\_\_\_  
/ Debtor

**CHAPTER 7 STATEMENT OF INTENTION**

**Part A -** Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. \_\_\_\_\_

<b>Creditor's Name :</b> <i>None</i>	<b>Describe Property Securing Debt :</b>
---	--

Property will be (check one) :

Surrendered       Retained

If retaining the property, I intend to (check at least one) :

Redeem the property

Reaffirm the debt

Other. Explain \_\_\_\_\_ (for example, avoid lien using 11 U.S.C § 522 (f)).

Property is (check one) :

Claimed as exempt       Not claimed as exempt

**Part B -** Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. \_\_\_\_\_

<b>Lessor's Name:</b> <i>None</i>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	----------------------------------	--

**Signature of Debtor(s)**

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 10/27/2009

Debtor: /s/ Steve A. Anderson

Date: \_\_\_\_\_

Joint Debtor: \_\_\_\_\_

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:**Steve A. Anderson**

Case No.

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

**1. Income from employment or operation of business**

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

*Year to date: \$4,000 approx*

*Last Year: \$44,387*

*Year before: \$29,775*

**2. Income other than from employment or operation of business**

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

*Year to date: 0*

*pension distribution*

*Last Year: \$6,873*

AMOUNT

SOURCE

**Year before:** \$2,087

---

**Year to date:** \$15,000 approx      *unemployment comp*

**Last Year:** 0

**Year before:** 0

---

**3. Payments to creditors**

- None Complete a. or b., as appropriate, and c.
- a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None  b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None  c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

**4. Suits and administrative proceedings, executions, garnishments and attachments**

- None  a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

**5. Repossessions, foreclosures and returns**

- None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

**6. Assignments and receiverships**

- None  a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
-

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None  List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None  List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<i>Payee: HELLER &amp; RICHMOND, LTD. Address: 33 NORTH DEARBORN STREET SUITE 1600 CHICAGO, IL 60602</i>	<i>Date of Payment: Payor: Steve A. Anderson</i>	<i>\$550.00</i>

#### 10. Other transfers

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

**Institution:** TCF**Account Type and No.:****Address:***checking***Final Balance:** 0*about one year**ago***12. Safe deposit boxes**

- None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

**13. Setoffs**

- None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

**14. Property held for another person**

- None List all property owned by another person that the debtor holds or controls.
- 

**15. Prior address of debtor**

- None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.
- 

ADDRESS

NAME USED

DATES OF  
OCCUPANCY**Debtor:****Name(s):***8 years***Address:** 3100 N. Lake Shore*through***Drive Chicago***04/08***16. Spouses and Former Spouses**

- None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.
- 

**17. Environmental Information**

- None For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

None  a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/27/2009

Signature /s/ Steve A. Anderson  
of Debtor

Date \_\_\_\_\_

Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Steve A. Anderson**

Case No.  
Chapter 7

/ Debtor

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 1,372.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 10,557.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	21		\$ 24,986.08	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 1,859.17
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,110.00
TOTAL		32	\$ 1,372.00	\$ 35,543.08	

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re **Steve A. Anderson**

Case No.  
Chapter 7

/ Debtor

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

State the following:

Average Income (from Schedule I, Line 16)	\$ 1,859.17
Average Expenses (from Schedule J, Line 18)	\$ 2,110.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 400.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 10,557.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 24,986.08
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 35,543.08

In re Steve A. Anderson

Debtor

Case No. \_\_\_\_\_

(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 10/27/2009

Signature /s/ Steve A. Anderson  
Steve A. Anderson

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.